

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. *Ar* Butch Calloway
 Alabama Corr. Industries
 A.D.O.C. Commissioner
 Alabama Department of Corrections
 301 South Ripley Street
 Montgomery, AL 36130

2: Dec 363 (comp/ouder 40 dep)

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Butch Calloway* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1160 0001 2962 3984

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540